

DESIGNATING PETITION COVER SHEET

DEMOCRATIC PARTY

Names of Candidate	PARTY POSITION	PLACE OF RESIDENCE
	Members of the Democratic County Committee from the ____ Election District in the ____ Assembly District _____ County, New York State	

Total Number of Volumes in the Petition: 1

Identification Numbers: _____

The petition contains the number, or in excess of the number, of valid signatures required by the Election Law.

Contact Person to Correct Deficiencies:

Name: _____

Residence Address: _____

Phone: _____

Email: _____

I hereby authorize that notice of any determination made by the Board of Elections be transmitted to the person name above:

Candidate or Agent